

ph. Said me deep
Entry Blank—Please Type or Print

☒ Ms./Artist

☐ Mr./Artist

DAWN M. GEDEON

(last name last)

Permanent

Address

21858 River Oaks Dr. Rocky River

Street

City

421-4322

44116

Zip

Daytime Tel. (216) 333-9659

area

Temporary or

Studio Address

SAME AS ABOVE

Street

City

Daytime Tel. ()

Zip

area

If you do not presently live in one of the counties of the Western Reserve, in which county were you born? _____

Collaborator (if any) NONE

If May Show entries are not accepted or are not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist at artist's expense:

Street

City

State

Zip

Special Instructions

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until August 6, 1989.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature

I have received the unsold/unaccepted object(s) in good condition.

Signature

Entry Blanks

A

☐ Paintings
☐ Sculpture

☐ Graphics
☐ Crafts

☒ Photography
(specify category)

Materials used (media):

Color C-Print

Title

Untitled

woman/mask

Price or NFS

\$300.00

Insurance Value
if NFS Only

Size 16 x 20 print

height x width x depth

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

2

Total No. in
Edition

3

Price of Print
Unframed

\$250.00

Price of
Frame Only

\$50.00

ACCEPTED

X

NOT ACCEPTED

DO NOT WRITE IN THIS SECTION

(3) 55
3 37a ph

ACCEPTED

X

NOT ACCEPTED

B

☐ Paintings
☐ Sculpture

☐ Graphics
☐ Crafts

☒ Photography
(specify category)

Materials used (media):

Color C-Print

Title

Untitled

Price or NFS

\$300.00

Insurance Value
if NFS Only

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Frame Only

\$50.00

ACCEPTED

NOT ACCEPTED

X

DO NOT WRITE
IN THIS SECTION

3 38a ph

ACCEPTED

NOT ACCEPTED

REC'D

DATE

Detach entire portion along dotted line and submit with slides, but retain tags

1989 MAY SHOW

The Cleveland Museum of Art

Cleveland, Ohio 44106

DAWN M. GEDEON

Name

21858 RIVER OAKS DR. F3

Address

Rocky River, Ohio

City & State

44116

Zip

Notification #2

**Do Not
Detach**

A

☐ Paintings

☐ Graphics

☒ Photography

☐ Sculpture

☐ Crafts

Title

UNTITLED

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
(3) 55	X	

B

☐ Paintings

☐ Graphics

☒ Photography

☐ Sculpture

☐ Crafts

Title

UNTITLED

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
		X

Return of Objects

Not Accepted: June 20-24

Accepted: August 15-19

It is understood that the Museum shall have the right to dispose for its own account any object not called for by the dates listed.

THIS IS YOUR ONLY RECEIPT TO CLAIM YOUR OBJECT

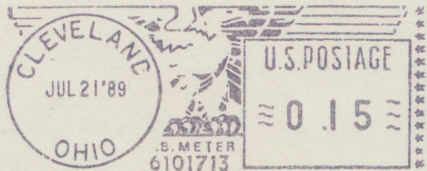
Do Not Detach

1989

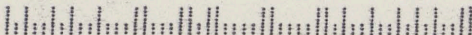
M a Y

SHOW

The Cleveland Museum of Art
11150 East Boulevard
Cleveland, Ohio 44106



Dawn M. Gedeon
21858 River Oaks Dr.
Rocky River, Ohio 44116



Just a reminder that pick-up week for May Show purchases is August 15 through August 19, 1989, from 9:30 am to 4:30 pm. Come to the Service Entrance of the Museum and be sure to bring your copy of the sales slip with you.

Participating artists should pick up work during this week.

If this is not a convenient time for you, please let us know.
The May Show office closes August 25, 1989.

Tom Hinson
Curator of Contemporary Art

421-7340

Ext. 116